

## Home and Well Survey

PFE  
ORIGINAL  
RED

Resident's Name: Ex. 6 - Personal Privacy  
Home Phone: Ex. 6 - Personal Privacy Cell Phone: Ex. 6 - Personal Privacy  
Address: Ex. 6 - Personal Privacy  
Email address: Ex. 6 - Personal Privacy  
Owner Information (If Different): \_\_\_\_\_

### Number Of Household Residents/Age Groups:

Infants (Under Age 1) \_\_\_\_\_ Toddlers (Age 1-6) 2  
Children (Age 7-12) 1 Adolescents (Age 13-18) 1  
Adults (Age 18-65) 2 Seniors (Age 66+) \_\_\_\_\_



SDMS DocID 2179284

Do you have a water treatment system? If so, please identify the components of the system (if any): No

### Well Information:

Type: Dug ☐ Drilled ☒ Well Depth: \_\_\_\_\_ Well Age: \_\_\_\_\_

Driller log of the well installation (these are the detailed notes that the driller takes during the installation): \_\_\_\_\_

Name of Driller/Service Company (If Known): Cavanaugh's

Total Depth of Well: \_\_\_\_\_

Depth of surface casing: \_\_\_\_\_ Cement on Surface casing: Yes ☐ No ☐

Length/Depth of Screen: \_\_\_\_\_

Depth of pump in relation to total depth of the well: \_\_\_\_\_

Well Repairs or Re-drilling in past 15 years: \_\_\_\_\_

Have you had your well tested in the past? \_\_\_\_\_

If so, and you would be willing to share your results with the EPA, what results have been in your well water historically? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Home and Well Survey

PFE  
ORIGINAL  
RED

Recent or past changes in water quality (taste, odor, appearance): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently use your well water for drinking? Yes ☐ No ☒

Cooking? Yes ☐ No ☐

Bathing? Yes ☒ No ☐

Other household uses? washing dishes and clothes

If you do not use your well water, what water source do you use? \_\_\_\_\_

Have you been provided an alternate source of water for drinking/cooking? Yes ☐ No ☒

Other uses? Yes ☐ No ☐ When did this occur? \_\_\_\_\_

If so, who provides/provided the alternate water? \_\_\_\_\_

Is there an agreement with the provider? \_\_\_\_\_

What event/condition prompted the use of alternate water? \_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Lease with any gas company: Yes ☒ No ☐

If so, what is the status of lease: owner has lease

Is there any additional information you would like to provide to us: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_